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Examiner: : METHOD AND APPARATUS
: FOR MICROWAVE ASSISTED
C. DELACROIX-MUIRHEID : CHEMICAL REACTIONS
:
Group Art Unit: 1743 : Attorney Docket No. 119994-5
:
In re application of :
:
HOWARD M. KINGSTON :
:
Serial No. 09/262,597 :
:
Filed: March 4, 1999 :

#6
HKO
4-19-01

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RESPONSE TO RESTRICTION REQUIREMENT


600 Grant Street, 44th Floor
Pittsburgh, PA 15219
April 9, 2001

Assistant Commissioner for Patents
BOX NO FEE AMENDMENT
Washington, DC 20231

Sir:

In response to the Office Action dated March 27, 2001, Applicant hereby elects to pursue the Group I claims (Claims 1-35) without traverse. An Action on the merits of these claims is respectfully requested.

Respectfully submitted,


Arnold B. Silverman
Registration No. 22,614
Attorney for Applicant

(412) 566-2077



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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/262,597
	Filing Date	March 4, 1999
	First Named Inventor	Howard M. Kingston
	Group Art Unit	1743
	Examiner Name	C. Delacroix-Muirheid
Total Number of Pages in This Submission		Attorney Docket Number 119994-5

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): POSTCARD
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Arnold B. Silverman
Signature	
Date	April 9, 2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: April 9, 2001			
Typed or printed name	Arnold B. Silverman		
Signature		Date	April 9, 2001

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